Panhandle Health District I	Permit Number:	: ID 07-2	8-102658		_	A	
Final Inspection Sheet				15	5-112	819	
Owner Name: GARY AND	Date: 10/23/2007		EHS# JA	EHS# JAMIE		Time: 9:44:03 AM	
KARIN SPENCE	BART		BARTO				
Date/Time Ready: 10/23/2007	Installer: B & B	SANI S	ERVICE	License #			
9:43:00 AM 10/24/07 12:00				Phone #_7	72-3566	660-9987	
Location/Directions: 797	d E Co	oeur d	'alene	Lake	Dr.		
Approved: 🔀 V/C 10	24/07	Disar	proved:	J			
Reason For Approval or Disapprova	1:	'					
Follow-up inspection date:			. (7				
		Approve	ed: 🔟		Disappro	oved:	
Type of system: Quide 4 /nfi/trator				☐ Easement			
# of laterals: 4 Length 67' each				☐ Curtain drain			
Depth /2-/8'				☐ Diversion ditch			
Distribution type:				☐ Other structures			
				☐ Well or spring			
Size of tank:    OOO SU/ONS				☐ Neighbor dwelling			
Type of tank Dan hand le Concrete				☐ Property line			
Pressure tested				☐ Water lin	ies		
2cell size							
Pump installed $(Y) \square (N)$							
EHS Drawing					<u></u>		
		roplacamen	rt				
					-43 107	- divolation	
· -	oplacement f	HIMAS (				K	
( γ	replacement for area for B+13	۲ - ۳	, `		Q )	H-lank	
<b>(</b>	pיי		1			- tank - buildings	
·	<u>_</u>		(			building.	